

many patients like Isaac are struggling with this disease, in April of 2003, Senator SCHUMER and I introduced the Sickle Cell Treatment Act. Our friends, Representatives DANNY DAVIS and RICHARD BURR, introduced a companion bill, H.R. 1736, in the House, which now has 39 bipartisan cosponsors.

S. 874, which is the bill Senator SCHUMER and I introduced, has 41 bipartisan cosponsors as well as the support of dozens of prominent African-American children's and health advocates, as well as union and church groups including—I am going to read the list. This is not a complete list, but it includes the Congressional Black Caucus, the Sickle Cell Disease Association of America, the American Medical Association, the National Association of Children's Hospitals, the National Association of Community Health Centers, the NAACP, the Children's Defense Fund, the Health Care Leadership Council, United Food & Commercial Workers Union—Minority Coalition, the UFCW Faces of Our Children, United Church of Christ, and National Baptist U.S.A. These advocates, as well as the others who support this legislation, know the bill will make a difference in the lives of kids and families who are struggling with sickle cell disease.

I want to outline four key ways in which the bill makes a difference. First, it increases access to affordable, quality health care. The provision provides funding to currently eligible Medicaid recipients for physician and laboratory services targeted to sickle cell disease that are not currently reimbursed or are underreimbursed by Medicaid. Importantly, however, the bill does not increase the number of Medicaid eligibles and the Federal Medicaid match will stay the same. We have structured this bill so it is very affordable.

The bill also enhances services available to sickle cell disease patients. This is a crucial aspect of the bill. When you have this disease, you have to stay on top of it. You have to manage this disease. I mentioned Isaac Cornell before, how he drinks water and gets adequate rest and is careful not to overexert himself. You also have to know the various respects in which the symptoms of the disease can show up. This is a tricky, sneaky disease.

I was talking with another parent whose son was having considerable dental problems. This is something people with this disease struggle with, because when they get periodontal disease and some form of antibiotic is prescribed by their dentist, they can't be certain the red blood cells will carry the antibiotic to the infected point, so indeed any infections they have are particularly dangerous.

Obviously there is a whole medical side to this we have to be aware of, but in addition, people need to know about the disease. They need to receive counseling and education as well as screening, genetic counseling, community outreach. Education and other services

are crucial. Currently, those kinds of services are not reimbursed under Medicaid unless they are performed by the physicians such as Dr. DeBaun. Dr. DeBaun simply does not have the time, certainly not as much as he would want to spend, the hours and hours he would need to spend with each set of parents, with each patient, in order to go over all the various ways in which this disease can affect their lives.

So it is important that Medicaid reimburse these services, even if they are done by counselors or outreach personnel who are not physicians. They are perfectly appropriate and able to do it. The bill would allow nonmedical personnel such as counselors to spend time with sickle cell disease families to discuss how they can manage the disease. That, by the way, will end up saving the Government money because it will prevent strokes and other serious episodes that then Medicaid does appropriately reimburse.

The bill creates 40 sickle cell disease treatment centers. This provision of the bill authorizes the Department of Health and Human Services to distribute grants to up to 40 eligible community health centers nationwide for \$10 million for the next 5 fiscal years for a total of \$50 million. That is subject to appropriation. That could mean a health center grant in almost every State. Grant money may be used for purposes including the education, treatment, and continuity of care for sickle cell disease patients and for training health professionals.

Finally, the bill establishes a sickle cell disease research headquarters. This provision of the bill creates a national coordinating center, which also would be operated by the Department of Health and Human Services, to coordinate and oversee sickle cell disease funding and research conducted at hospitals, universities, and community-based organizations. This will help ensure efficiency so we can share information about the disease, accountability to make sure the taxpayers' dollars are being used well, and also help us get best practices and monitor outcomes for the disease so we can improve services to people who have it around the country.

I cannot overemphasize the outpouring of support Senator SCHUMER and I have received for this bill. I am sure if he were here he would relate the stories he has had. I have myself received personal handwritten letters from sickle cell disease patients who expressed their gratitude for this legislation and who asked what they can do to help pass the bill since they know how many families it will help.

For example, Allyce Renee Ford of Blue Springs, MO, wrote, and I will paraphrase: I was pleased to read of your bill to increase funding for treatment of sickle cell disease. My twin sons were born with sickle cell in 1973 and suffered from this debilitating disease all their lives. They both lost the battle to painful complications in 2002.

Please believe me, it is a painful life-constricting disease both for the victims and their families. Even though I do not have any other children to lose to the disease, I mourn for all the other parents who will lose their children in the future—today, tomorrow, someday they will lose them. Thank God there will be help for sickle cell disease victims—help not just in the form of additional funding—and the bill is very affordable—but help in the form of greater visibility, community support. This bill is lifting the profile of this disease which has remained in the corner for too long. The business exclusively in the past has been the business of those struggling and the small community helping them. We need to show these people that the country is with them.

In conclusion, it is critical to help this historically underserved population. Many of these people do not even know they carry the trait or they have the disease until consequences have been visited upon them that they could have lessened or mitigated in some respect had they had prior knowledge.

I ask my colleagues to join me and Senator SCHUMER to honor Black History Month by cosponsoring this Sickle Cell Disease Treatment Act. I cannot think of a better way to honor this month than to help all of the families, most of whom are African-American families, who are living and struggling with this disease.

I yield the floor.

The PRESIDING OFFICER. The majority leader.

FAILURE TO PROCEED TO S. 2061

Mr. FRIST. Mr. President, I will be closing in a very few moments, but I want to express my disappointment in not being able to proceed to the bill. We have been on the motion to proceed the last 2 days to a bill that reflects a pressing problem, a crisis in many States. It has to do with a medical liability system that is having an impact now, not just on physicians paying for their insurance, but on the quality of care, access to care throughout the United States of America.

I do not believe the full impact of the medical malpractice malignancy is truly understood by the average American. Like a cancer, this malady is eating away at the experience of our medical system in critical areas such as obstetrics.

Dr. Sean White of Kingsport is a perfect example of what is happening. Dr. White moved to Tennessee in 2002 due to the outrageous increases in medical malpractice premiums in Pennsylvania. A staggering 7-physician group increase of \$210,000 forced a 30-year-old practice to utterly dissolve. Alone, Dr. White's medical malpractice premiums were estimated to increase by \$30,000 to \$110,000.

And this wasn't just any practice, but an OB-GYN group focusing principally on one of the most precious of

all practices, the delivery of babies. Medical malpractice malignancy ultimately claimed the two senior physicians in the practice, as they retired early, while Dr. White was forced to leave town.

"They really had to scramble," Dr. White said of his fellow colleagues who didn't have the option to retire early. "They went to two local hospitals and asked them to just employ them because they couldn't afford to pay their bills anymore. And no, I don't know how hospitals afford it." Dr. White left the Bethlehem practice in 2002 because the bank requested a lien on his home and the co-signature of his wife, Tracy, to finance his malpractice premiums for that year.

"I could see the hand-writing on the wall," Dr. White said. "But I have delivered so many babies in that community. You invest so much time and energy into the practice and develop such a rapport with people. I delivered half of my daughters' friends, the children of my own friends. It was very difficult to just pack up and leave."

Collectively, Bethlehem's 72,000 residents lost the better part of a century of combined experience when Dr. White left for Tennessee and his two senior partners took early retirement. Let me underscore here, a better part of a century of experience claimed by exorbitant medical malpractice premium hikes.

In addition to taking a loss in order to buyout his partnership in Bethlehem, Tennessee has hardly been a refuge for Dr. White and his family. Yes, malpractice malignancy is also eating away in my own home state, where Dr. White's personal medical malpractice premiums jumped to \$65,000 this year, up \$20,000 from just last year in Tennessee.

Statistics indicate that as many as nine in 10 obstetric physicians have been sued in Tennessee if they're in the practice of delivering babies for more than 10 years, Dr. White said. This despite the fact that maternal death rates have plummeted to all time lows in this country.

"The trial lawyers will tell you they are trying to weed out the bad apples," Dr. White said. "Obviously, with 90 percent being sued, they're not all bad apples."

And that is the crux of the issue here.

Mr. REID. Will the Senator yield?

Mr. FRIST. I would be delighted to yield.

Mr. REID. Mr. President, through you to the distinguished majority leader, I got a call from a dear friend in Nevada today, a surgeon. He is very active in public affairs, a very close friend of our Republican Governor. He told me that in Nevada, where the Governor called a special session that we have caps, the insurance rates have not been affected at all; they are still going up. He originally had a policy with St. Paul. They pulled out. Another company came in and doctors are always concerned with what they call the

"tail," to make sure if something happens after their policy expires that they are covered for acts that took place in the past. He went with a new company. They pulled out after a year and a half. Now he is going to have to pay more than \$100,000 for 1 year to have coverage for today and acts that took place in the past.

I say to my friend, the distinguished Senator from Tennessee, a physician, this medical malpractice is something we have to address. I don't know the best form to do it. But when we do it, we are not only going to have to deal with some of the policies outlined by both parties today, but we will have to take a look at what the insurance industry is doing to my friend and other physicians. This is not just a problem generated solely by the trial bar; the insurance industry has some culpability.

I hope the distinguished majority leader, when again we get to this issue, will help us come up with a framework and we can discuss this issue. Part of the discussion has to be directed toward the insurance industry.

Mr. FRIST. Mr. President, let me respond through the Chair that the problem has gotten so big that patients are being hurt and potential patients are being hurt. It is a crisis. It is a complex problem.

As a physician, and as one who sees patients, I recognize they are being hurt by this system, and we have to start somewhere. Part of it is being able to proceed to debate. If the timing is not right, we will come back and do it at another time. We will come back to it. This problem is not going to go away. I look forward to addressing it again.

This particular bill is not a comprehensive bill. We are not talking about all of the doctors out there. Rather, we took one specialty. I am a little perplexed how to come back to it because I want to keep the issue out there. Patients are being hurt, and we are going to come back to it. We will work together to figure out the best way to try to have an appropriate forum for what is a complex issue. Hopefully, we will bring it back in some shape or form in the next several weeks.

The PRESIDING OFFICER. The Senator from Florida is recognized.

CRISIS IN HAITI

Mr. GRAHAM of Florida. Mr. President, I wish to share a few observations and thoughts about the current circumstances, the tragic circumstances in our near neighboring country of Haiti.

Haiti was once a beautiful country. It was one of the jewels of the Caribbean. Its people, who secured their freedom from France in 1804, have suffered a long history of despair, poverty, and misrule. This country has now fallen into chaos.

Regrettably, Haiti is one of the poorest nations on Earth. It is ranked 172

out of 208 countries in per capita gross national income. It is the only country in the Western Hemisphere to be labeled a least-developed nation.

Haitians are also among the most malnourished people in the Western Hemisphere. The World Health Organization reports that the average daily caloric intake for Haitians is the lowest in the hemisphere and on a par with the poorest nations in Africa.

Violence is on the rise. At least 70 people have been killed in the recent uprising, and the number of dead and wounded grows daily.

Indeed, the country of Haiti now faces twin crises. The first is the possible collapse, if not the violent overthrow, of a democratically elected government, with no agreed-upon follow-on governmental structure. An opposition leader predicted on Sunday that the capital, Port-au-Prince, would fall to armed rebels in 2 weeks.

Second is the humanitarian catastrophe, primarily caused by the violence and the disruption that the violence has created.

The current humanitarian crisis is forcing poor Haitians to literally eat the seeds they have saved for spring planting. With nothing planted, there will be no harvest. These desperate food shortages will strike at the same time the weather improves, and a massive exodus by sea will be feasible and more likely.

The question before the United States and the world is, What should be our priorities? Tragically, it appears that our administration has taken a firm stance on the side of indifference. This may prove to be the longest running and biggest crisis of all for Haiti. The diplomatic effort this past weekend, unfortunately, has accomplished nothing to date.

Cap Hatien, the second largest city in Haiti, fell to the rebels the day after our Assistant Secretary of State left the country. We sent 50 marines to Port-au-Prince on Monday to protect our embassy. From what I can tell, there is no administration plan B.

Furthermore, I have detected very little concern for the potential impact of this crisis on the United States itself, with my State of Florida being on the front lines.

As we have seen repeatedly over the past two decades, one of the impacts of this catastrophe will almost certainly be a dramatic increase in the number of refugees risking their lives in leaky and unsafe boats to try to escape the violence.

Yet there has been little or no contact between Federal agencies and the State and local authorities, our first responders, to prepare for the potential influx of refugees. The principal agencies of the Federal Government have limited capacities to handle yet another immigration crisis. I am told the Department of Homeland Security, which includes the Bureau of Immigration and Customs Enforcement, has the capability to handle only 150 additional